Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

Director

QUALIFICATION FOR FARMING

Street Address

500 E Capitol Ave Pierre, SD 57501 (605)773-4845	Corporation	1		
103)113-4043	Please Type or Print Clea	Please Type or Print Clearly in Ink		
	No Filing Fee			
			Telephone #	
The name of the C	Corporation is			
The state of incorp	poration			
The South Dakota	a Registered Agent name			
Street Address (Requi	ired to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optiv	onal – Required to be a South Dakota Address)	City	State	ZIP+4
County	Section	Township		Acres
County	Section	Township		Acres
County	Section	Township		Acres
County	Section	Township		Acres
	usiness addresses of its principal officers cer serves as a director. Street Address			
Fresident	Street Address	City	Sta	le ZIF+4
Vice President	Street Address	City	Sta	te ZIP+4
Secretary	Street Address	City	Sta	te ZIP+4
Treasurer	Street Address	City	Sta	te ZIP+4
Director	Street Address	City	Sta	te ZIP+4

City

State

ZIP+4

6. Please check one:							
☐ This is	a Family Farm Corporation.						
☐ This is	an Authorized Farm Corpora	ition.					
7. Please complete the	appropriate section:						
Family Farm Corporation	The NUMBER OF SHARES or operating the farm, or who has relatives within the third degree farmers and are actively engages.	s resided on or has actively e of kindred, or by resident	operated the farr stockholders who	n, or their o are family			
	Note: Degree of kindred is defined as the number of generations with each generation being a degree (SDCL 23A-20-30						
Authorized Farm Corporation	The PERCENTAGE of gross receipts of the corporation derived from rent, royalties, dividends, interest and annuities.						
	Note: Percentage amount of	cannot exceed 20% of its	gross receipts.		%		
8. The name, address a	and number of shares owned Address	by each shareholder City	State 2	Zip Shares	Kindred		
Name	Address	City	State 2	Zip Shares	Kindred		
Name	Address	City	State 2	Zip Shares	Kindred		
Name	Address	City	State 2	Zip Shares	Kindred		
Name	Address	City	State 2	Zip Shares	Kindred		
Dated		(Signature of an	authorized officer)				
		(Printed Name)	(Printed Name)				
		(Title)					